STATEMENT AND PLAN C	T OF DEFICIENCIÉS OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	()(2) MUL.	TIPLE CONSTRUCTION NG	(COMPLETED	
		09G177	B. WING		nem	0/2008
	PROVIDER OR SUPPLIER F WASHINGTON] ;	REET ADDRESS, CITY, STATE, ZIP CO 249 11TH STREET, SE WASHINGTON, DC 20019		<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MAIST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DISPICIENCY)	SHOULD RE	COMPLETION DATE
W 000	INITIAL COMMEN	TS	W 000			3
	9, 2008 through Ju initiated using the t random sample of	rvey was conducted from June ine 10, 2008. The survey was fundamental survey process. A two clients was selected from se males with various levels of and disabilities.			-	
	observations at the program, interviews review of clinical as including incident n				•	
W 124	483,420(a)(2) PRO RIGHTS	TECTION OF CLIENTS	W 124	:		
Ī	Therefore the facility parent (if the olient of the client's mediand behavioral states)	neure the rights of all clients, by must inform each client, is a minor), or legal guardian, cal condition, developmental tus, attendant risks of the right to refuse treatment.		The facility must inform each clicked legal guardian, of the client's medevelopmental and behavioral strisks of treatment, and of the rightreatment. Currentley the process of obtaining Permanent limited medical guardinitated for Client #1. Petition for appointment of a Permanent Limited medical times the process of obtaining permanent limited medical guardinitated for Client #1.	edical condition, atus, attendant ht to refuse ng a lian has been or the	7-9-2008
	based on observations of the control	s not met as evidenced by: on, staff interview, and record alled to establish a system that s that were informed of their f their medication for one of ded in the sample. (Client #1)		was filed on July 9, 2008 with the Court Of The District of Columbia Division. Client #1 hearing has be August 14, 2008 at 11 am. In the future, each individuals paguardian will be informed of the informed	e Superior a Probate een set for rent and/or	
	The findings include	· · · · · · · · · · · · · · · · · · ·		medical condition and of the right treatment. A informed consent for	t to refuse	
.	observed during the being administered I 1 .mg and Neurontin	et 8:39 AM, Client #1 was evening medication pass Buepar HCL 10 mg, Cogentin 300 mg. Interview with the lures (LPN) at approximately		given to be signed and dated by individual's guardian. Attachment #1	each !	
DRATORY	July Constitution	PUER REPRESENTATIVES SIGNA	/	on may be excused from correcting pr	1111111	08) DATE

FORM CMS-2887(02-88) Previous Versions Obsciole:

Event ID: 6M8F11

Facility ID; 09/3177

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FOR	D: 07/01/2006 M APPROVED D. 0938-0391
STATEMENT AND PLAN C	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(ACD) I		LTIPLE CONSTRUCTION DING	(X3) DATE	
		099177	B. WI	NG		1 20	10/2008
ł	rovider or supplier F Washington			8	TREET ADDRESS, CITY, STATE, ZIP CODE 248 11TH STREET, SE WASHINGTON, DC 20019		IWENVO
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	ID PREF TAG	TX.	PROVIDER'S PLAN OF CORREC (EACH CORRECYIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	44 N OF	COMPLETION DATE
W 124	medications for beh of Client #1's curren that the client was p medication as well a Interview with the Li medications were in Behavior Support Pi 2008. The B\$P add behaviors that inclus property destruction behaviors.	nat client was prescribed these avioral management. Review it physician's orders confirmed rescribed the aforementioned is Zyprexa 7.5 mg. Further PN revealed that the corporated into the client's an (BSP) dated May 13.	W	12			
	further review of Cile provide evidence the had been obtained if aforementioned med Client #1's records in assessment dated in assessment docume profound mental rete	ent #1's record failed to at written informed consent or the use of the fication. Continued review of evealed a Psychological flay 13, 2008. This ented that the client had ardstion and lacked the more than a structure of the original records to the original records to the original records the original				: 	
	provide evidence that in using this medicat	rvey, the facility failed to it the potential risks involved ion, or her right to refuse explained to the client and/or rentative.			Consents prior to the use of sedation medical appointments and/or to notificilents guardian the risks and benefits treatments must be obtained. Currentley the process of obtaining a	the of	7-9-2008
	ine use of sedation fi and/or to notify the ci	to obtain consents prior to or a medical appointments lents guardian the risks and is for one of the two clients in 11)			limited medical guardian has been init Client #1. Petition for the appointment Permanent Limited Guardian was filed Superior Court Of The District of Colum Probate Division on July 9, 2008 Client hearing has been set for August 14, 20 am.	ated for nt of a with the nbia : #1	
	Review of Client #1's 2008 at approximatel	physician orders on June 9, y 11:00 AM revealed the			,		

STATEMEN'	T OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. 9U	MLDI	TIPLE CONSTRUCTION NG	(CO) DATE	0. 0938-039 SURVEY LETED
		09G177	19. WI	NG.		ne	10/2006
	PROVIDER OR SUPPLIER F WASHINGTON			1	REET ADDRESS, CITY, STATE, ZIP CODE 249 11TH STREET, SE WASHINGTON, DC 20018	1	10/2009
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL BC (DENTIFYING INFORMATION)	ID PREF TAG	איי	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO GROSS-REPERENCED TO THE APPRIDERCIENCY)		COMPLETION DATE
	a. On June 10, 200 client received Xana dental appointments b. On March 17, 20 17, 2008, the client a swallowing studies c. On April 22, 2008 mg prior to neurolog d. On January 24, 2 Xanax 3 mg prior to appointment; e. On November 14 Xanax 3 mg prior to f. On November 15, Xanax 3 mg prior to interview with the Qu Professional (QMRP approximately 3:00 F had no legal guardia On June 9, 2008 at 1	for medical procedures: 8 and April 11, 2008, the ax 3 mg prior to a scheduled i; 08, April 10, 2007 and April received Xanax 3 mg prior to a; and 8, the client received Xanax 3 mg prior to a; and 9, the client received Xanax 3 mg prior to a; and 10, the client received pain management 10, 2007, the client received EKS appointment; and 12, 2007, the client received EKS appointment; and 12, 2007, the client received EKS appointment; and 12, 2007, the client received EKS appointment; and 13, 2008, at 2008 a	W			ted for t of a on July 9, strict of aring has	7- 9 -2008
1 1 1	written informed consine use of the aforem Continued review of (a Psychological asse indicated that the clie in the profound range	sent had been obtained for tentioned medications. Client #1's records revealed sement dated May 13, 2008, int's cognitive abilities tosted to fretardation and he process information		ĺ	Attachment #1		

DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE & I				•	FORM	07/01/2008 APPROVED
	PROVIDER/SUPPLIÉR/CLIA IDENTIFICATION NUMBER:	(XX) A			(XII) DATE (
	09 G177	B. WI	NG.		064	100000
NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON			1	REET ADDRESS, CITY, STATE, ZIP CODE 249 11TH STREET, SE WASHINGTON, DC 20019	UEF	10/2008
PREFIX (EACH DEFICIENCY MUI	ENT OF DEFICIENCIES IT BE PRECEDED BY FULL MENTIFYING INFORMATION)	ID PREF TAG	* TX	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	i has	COMPLETION DATE
In using this medication treatment had been explegal sanction represent interview with the Quality Professional (QMRP) of approximately 11:00 Alidid not have a court apport the client's Psychologiday 13, 2008, at reveal have the ability to make regarding habilitation placement, finances, tre matters. W 140 The facility must establish that assures a full and collents' personal funds a behalf of clients. This STANDARD is not Based on staff interview facility failed to provide not seen as the control of the con	y, the facility failed to be potential risks involved on the potential risks involved on the potential risks involved on the right to refuse plained to the client and/or tative. [See W263] fied Mental Retardation on June 9, 2008 at a revealed that Client #1 pointed guardian. Review pical assessment dated led that the client did not decisions on his behalf anning, residential atment and medical atment and medical atment and medical atment and recounting of nitrusted to the facility on the secupts for withdrawals if funds account for one of inple. (Client #1) Sew was conducted on 1. Interview with the account for one of inple. (Client #1)	W1		DEFICIENCY	s mother al signed a on Jul not	6-16-2008

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES	•	·	FOR	D: 07/01/2006 M APPROVED D. 0938-0391
STATEMEN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDINTIFICATION NUMBER:	- 1	AULTIPLE CONSTRUCTION ILDING	PG) DATE	
		09@177	3. WI	NG		Mamasa
1	PROVIDER OR SUPPLIER F WASHINGTON		·	STREET ADDRESS. CITY, STATE, ZIP CO 240 11TH STREET, SE WASHINGTON, DC 20019		10/2008
(X4) ID PREFIX TAG	{EACH DEFICIENCY	TEMENT OF OFFICIENCIES MUST BE PRECEDED BY PULL SC (DENTIFYING INFORMATION)	PRIEF TAG	X FACH CORRECTIVE ACTION		COMPLETION DATE
W 140	were no receipts to monies were spent. 483,420(d)(2) STAF CLIENTS The facility must ensistreatment, negle injuries of unknown immediately to the a officials in accordancestablished procedu. This STANDARD is Based on interview a failed to ensure that immediately reported other officials according to the confectal of the confectal officials according to the confectal officials ac	amount of \$50,00. There determine how or when the determine how or when the FTREATMENT OF the trial all elegations of ct or abuse, as well as source, are reported dministrator or to other ca with State law through res. not met as evidenced by: all allegations of abuse were all allegations of abuse were ling to District Law (22 Section 3519.10) one of the	W1			
	The finding includes: Review of the facility reports on June 9, 21 on August 23, 2007, the facility to report ti scratch on his forehe evaluated the client of that the client had a shurting. The client we mergency room. To that the client spoke that a staff hit him on was reported to the fire subsequently investion.	is incident and investigative 108 at 8:35 AM revealed that the day program contacted 11st the client arrived with a 11st the facility's nurse 11st the facility and the facility are 11st the facility and the facility and the facility are 11st the 11st the facility are 11st the 11s		The facility's investigation was co August 27th, 2007. The current I Mangement Coordinator reviewed dated the aforementioned investigated However, in the future investigated signed by the Incident Management within the five allotted days.	incident 1, signed and gation.	7-10-2008

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MI A. BUIL	ATIFLE CONSTRUCTION DING	(XII) DATE (
		08G177	B. WIN	3		
	PROVIDER OR SUPPLIER F WASHINGTON			STREET ADDRESS, CITY, STATE, ZIP COC 249 11TH STREET, SE WASHINGTON, DC 20019	DE L	10/2008
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEPICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFE TAG	PROVIDERS PLAN OF COR		COMPLETION DATE
W 156	483.420(d)(4) STAF CLIENTS	F TREATMENT OF	W 16	56	·- 	
	TO THE SOUTHINGS OF THE	restigations must be reported or designated representative n accordance with State law lays of the incident.				
	failed to ensure requireviewed by the admi	anot met as evidenced by: and record review, the facility lired investigations were ninistrator or designee within or one of the two clients in the sample.				
	reports on June 9, 21 on August 23, 2007, the facility to report to scratch on his forehe evaluated the client to observed that the client cobserved that the client was hurting. To the emergency room indicated that the client told her that a staff him vestigation was not	's incident and investigative 008 at 8:35 AM revealed that the day program contacted hat the client arrived with a sad. The facility's nurse on August 24, 2007 and ent had a swollen lip and his ne client was transported to . The incident report int apoke with his mother and it him on his fip. Although the substantiated, the above ortad to the administrator.		In the future all investigations will the administrator and the Incident Coordinator. The current Incident Coordinator has reviewed the Augulincident and has signed the aforeminvestigation. Attachment # 3	Management Management	7-10-2008
	NAME EAKSONCE II/III	vey, the facility falled to the administrator or results of all investigations are of the incident.			,	

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FORW): 07/01/200 APPROVEI - 0938-039
STATEMEN AND PLAN (TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(XZ) M		PLE CONSTRUCTION	(03) DATE S	URVEY
		09G177	B. WIN	19 _			
	PROVIDER OR SUPPLIER F WASHINGTON		<u></u>	24	EET ADDRESS, CITY, STATE, ZIP CODE 49 11TH STREET, SE /ABHINGTON, DC 20018	<u>1 </u>	10/2008
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MAIST BE PRECEDED BY FULL SC IDENTIFYING IMFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFIGIENCY)	EN IN MAR	COMPLETION DATE
W 194	techniques necessa program plans for a responsible.	nry to implement the individual sch client for whom they are	W 1	194			
	Passed on observation verification, the facility skills and technique	on not met as evidenced by: on, staff interview and record lity falled to demonstrate the s necessary to implement scol as written one of the two				· .	
	The finding includes On June 9, 2008 at	7:40 AM. Client #1 was			,		
	a chopped texture, of a regular cup. At observed drinking be regular cup. During at 8:39 AM, Client # water to consume his cup. At 4:20 PM, Cliberry yogurt and lem drank from a sipper During the dinner ob observed drinking as was observed drinking as was observed drinking as was observed drinking as beverage were from 2008 et 11:00 AM, the	sakfast. His meal consisted of He drank his beverages out 8:00 AM, Client #1 was cost powder with milk using a the medication administration 1 was observed drinking his a medication out of a regular lent #1 was having a snack of lonade drink. The client cup (a cup with a straw), servation, Client #1 was weral beverages. The client mg water from a sipper cup, akfast mix and lemonade a regular cup. On June 10, he client was observed ar type cup with spillage. No that time.		pi n	taff was inserviced on Client #1 diet a rotocol on 6-16-2008. In the future, s ave the skill and techniques necessary nplement Client #1 feeding protocol. Attachment #4	daff will	6-16-2008
	Manager on June 9, : PM indicated that the iquids through a sion	ect care staff and House 2008 at approximately 6:45 ollent should receive his her type cup. Review of the ers on June 10, 2008 at					

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 07/01/2008 APPROVED : 0938-0391
STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) A. BU		TIPLE CONSTRUCTION	(XX) DATE &	
		0 9 G177	B. WI	DM		08/4	0/2008
DE ME D	ROYDER OR SUPPLIER F WASHINGTON SUBMARY STA	TRAMENT OF DEFICIENCIES	íD		TREET ADDRESS, CITY, STATE, ZIP CODE 249 11TH STREET, SE WASHINGTON, DC 20019 PROVIDER'S PLAN OF CORRECT	TION	
PREFIX TAG	REGULATORY OR LI	MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE OPRIATE	COMPLETION DATE
W 249	10:30 AM revealed ilquids in sipper cup Further review of the revealed a Speach I dated April 19, 2008 consultation note it is client was at risk for evidence that the stiphysician orders for 483.440(d)(1) PROCAS soon as the interformulated a client's each client must recitreatment program clinterventions and se and frequency to sui	that Client #1, "serve all to drink a little at a time". It of client's medical record Language consultation note in According to the was recommended that the aspiration. There was no self followed Client #1's using the sipper cup. 3RAM IMPLEMENTATION disciplinary team has individual program plan, whe a continuous active	W				
	Based on observation review, the facility far self-medication program the finding includes: 1. On June 9, 2008 observed receiving in came to the medication water. The nurse propram of his medication program name and dosage of the client's record revinedication program name and dosage of the client's record revinedication program name and dosage of the client's record revinedication program name and dosage of the client's record revinedication program name and dosage of the client's record revinedication program name and dosage of the client's record revinedication program and the client's record record revinedication program and the client's record	at 8:20 AM Client #2 was is medication. The client on area with his cup of ompted him to state the one, which he did. Review of			Designated nurse was re-trained by the of Nursing on proper implementation aldocumentation of Client # 2 self medical program. Attachment # 5	nd Director	7-9-2008

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTED:	07/01/2008 APPROVED
		& MEDICAID SERVICES		_			0938- 0391
STATEMENT AND PLAN (T OF DEFICIENCIES OF CONRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) X		TIPLE CONSTRUCTION	(CO) DATE 8	URVEY
		099177	B. WE	NG		00.00	D#300
NAME OF P	PROVIDER OR SUPPLIER			5	TREET ADDRESS, CITY, STATE, ZIP CODE	00/3/	0/2008
RCMO	F WASHINGTON				240 11TH STREET, SE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	i (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY PULL SC IDENTIFYING INFORMATION)	ID PREP TAG	X	PROVIDER'S PLAN OF CORRECT (FACH CORRECTIVE ACTION SHO CROSS-REFERENCE) TO THE APPR DEFICIENCY)	LILO RE	COMPLETION DATE
W 249	state the dosage of was interviewed and program was not in 2. The QMRP failed	the medication. The nurse of he acknowledged that the option and as written.	W:	24	A copy of Client #1 self med assesm	ant wac	
W 255	skills obtained at the re-enforced at his divided at his day program of this day program of the nurse punched handed the cup to the cup and ingested the poured the water and the client drank clients self-medication for the madication nurse. A administration obserprompt the client to this medication. Into that he knows the mittat he was capable given the opportunity acknowledged that the giving the client and medication skills.	e group home was ay program. ved receiving his medication on June 9, 2008 at 12:00 PM, the medication into a cup and he client. The client took the e medication. The nurse of handed the cup to the client into water. Review of the con assessment dated March he client was capable of and dosage of his psychotropic what assistance from the latter time of the medication reation, the nurse did not assy the name and dosage of inview with the nurse revealed are of his medication and of punching the medication if y. Interview with the QMRP he day program was not apportunity to maintain his self.			provided to his day placement on7-8 the future, the QMRP will ensure sel skills/ programing is reenforced at the Day Program during monitoring visit Attachment # 6	3-2008. In f medication ne individuals	7-8-2008
	CHANGE The individual progra least by the qualified professional and rav but not limited to situ	ised as necessary, including, lations in which the client has led an objective or objectives	W 2	155		,	

			AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 07/01/2008 APPROVED : 0938-0391
ST/ ANI	NTEMENI D PLAN (FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		IPLE CONSTRUCTION 4G	(COMPLI	URVEY
			09G177	B. Wil	NG_		98/1	0/2008
HA	WE OF F	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE. ZIP CODE		`
R	CMO	F WASHINGTON	•			MO 11TH STREET, SE MASHINGTON, DC 20019		
	(X4) ID REFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREF TAG	X	PROVIDER'S PLAN OF CORRECT (BACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETION DAYE
١	W 255	Continued From pa	ge 9	W	255			
	٠	Based on record re- Retardation Profess and revise the indiv- once the client has	s not met as evidenced by: view, the Qualified Mental sional (QMRP) failed to review Idual Program Plan (IPP) successfully completed an in the IPP for one of the two a. (Client #1)					
		The finding includes	E					
V	V 263	revealed a program client] will make a p from staff on 8/10 c consecutive months dated June 2007 an Retardation Profess revealed the client harch 2008. Addition quarterly review not indicated that the clientindicated that	l'e IPP dated May 19, 2008 objective which stated, "[the urchase with verbal prompts onsecutive trials in three onsecutive trials in three of the Qualified Mental blonal (QMRP)monthly notes had met this objective since hally, review of the QMRP est dated December 16, 2007 tent achieved the program independence since	Wa	263	Client #1 IPP has been revised by th In the future, the QMRP monitor we will revise those programs once crite been met. Attachment # 7	ekly and	7-10-2008
		are conducted only	uld insure that these programs with the written informed , parents (if the client is a dian.				•	
		Based on observation review, the facility facilient's behavior into the use of behavior	inot met as evidenced by: on, staff interview and record illed to ensure that each rivention technique, including modification drugs was written informed consent of					

	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 07/01/2008 APPROVED : 0938-0381
	FOF DEFICIENCIES OF CORRECTION	DX1) FROWIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) N A. Bu		TIPLE CONSTRUCTION NG	(PES) DATE & COMPLI	URVEY
		D9G177	B, WA	NG_		08/1	0/2008
ł	rovider or supplier F Washington			1	REET ADDRESS, CITY, STATE, ZIP CODE 249 11TH STREET, SE WASHINGTON, DC 20019		
(X4) ID PREFIX TAL.	! {EACH DEFICIENCY	TEMBRY OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF	ΙX	PROVIDER'S PLAN OF CORRECT (BACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEPICIENCY)	J.D.BE	COMPLETION DATE
W 263	Continued From page	ge 10	W	263		·	
	the client, parents (f the client is a minor) or legal the two clients in the sample.	•				
	The finding includes The facility falled to	obtain informed consent prior			Currentley the process of obtaining a limited medical guardian has been init Client #1. Petition for the appointmen Permanent Limited Guardian was filed	ated for nt of a	7-9-2008
	ito the use of restrict Client #1's Behavior [See W124, 1]	ive measures as described in Support Plan and sedation.			Superior Court Of The District of Colui Probate Division on July 9, 2008 Client has been set for August 14, 2008 at 1	nbia t #1 hearing	
W 440	483.470(I)(1) EVAC	UATION DRILLS	W4	440	Attachment #1		
	The facility must hol quarterly for each st	d evacuation drills at least aift of personnel.					
	Based on interview :	not met as evidenced by: and record review, the facility ation drills at least quarterly connei.				•	
	The finding includes	:			. '		
	Professional and rev	ualified Mental Retardation riew of the staff pattern on PM revealed the following ttern:			Staff were retrained on RCM of Washir fire drill policy on 6-16-2008 by the fac Manager. In the future, fire drills will b conducted in accordance with regulation	ility House e	6-16-2008
	Monday - Friday 7:00 AM - 3:00 PM; 3:00 PM -11:00 PM; 11:00 AM -7:00 AM.	and _.			Attachment #8	,	
	Saturday - Sunday 7:00 AM - 11:00 PM; 11:00 PM - 7:00 AM	and					
	Review of the fire dri	Il log revealed that the facility custion drills for all shifts at					

NO PLAN	t of deficiencies of correction	(X1) PROVIDER/GUPPLIE IDENTIFICATION NU	er/Clia Imber:	A SUILDI B. WING	TIPLE CONSTRUCTION NG	(At) DATE COMP	SURVEY LETED
		HFD03-0176		1		064	10/2008
	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
RCMO	WASHINGTON		249 11TH S WASHINGT	TREET, 8 ON, DC 2	iE 19019		
PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE 'MUST BE PRECEDED BY SC EDENTIFYING INFORMA	man í	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLETO DATE
ona I	INITIAL COMMENT	rs		1000			 -
	2008 through June of two residents was	NAS conducted from 10, 2008. A random 5 selected from a pop various levels of mel ibilities.	sample	1			
	observations at the program. Interviews	Survey was based on group home and thre with residents and a land administrative r ports.	e day				
1.086	3502.13 MEAL SER	VICE / DINING ARE	AS I	065		•	
	proper feeding techr	train the staff in the uniques and monitor the state and monitor the state and monitor the state and	neir i			•	1 41 (F
.	Based on observation review, the GHMRP	net as evidenced by: n, staff interview and felled to train staff in condures for one of the ple. (Residents #1)	record				
4	he finding includes:						
O O O O O O O O O O O O O O O O O O O	inserved having breath of a chopped texture, out of a regular cup. As observed drinkin sing a regular cup. dministration at 8:35 beerved drinking his nedication out of a re	:40 AM, Resident #1 akfast. His meal con He drank his bever At 8:00 AM, Resider g boost powder with During the medicatio AM, Resident #1 water to consume h gular cup. At 4:20 F ng a snack of berry; The resident drank i	naisted rages rk #1 milk nn ns sis	93	See W 194		6-16-2008

LABORATORM STATE FORM

100

1110/08

SMSF11

f continuation sheet 1 of 9

AND PLAN OF CORRECTION IDENTIFICATION I		(X1) PROVIDENSUPPLIE IDENTIFICATION NUM HFD03-0175		A BUILDN B. WING	NPLE CONSTRUCTION	03) DATE BURVEY COMPLETED 06/10/2008	
	ROMDER OR SUPPLIER WASHINGTON	946 A4TU STREET AG				- ' '	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY BC IDEN'TIPYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIENCY)	ULD BE COMPLE	
{	observation, Reside several beverages. drinking water from instant breakfast m were from a regular 11:00 AM, the resident process of the resident proc	with a straw). During the straw. During the straw of the resident was observed as sipper cup, camative and lemonade bewind the cup. On June 10, 2 lent was observed dricup with spillage. No	drinking bserved ion erage 008 at inking	1065	See w194	6-16-200	
	Manager on June 9 PM indicated that it liquids through a sig- resident's physician 10:30 AM revealed liquids in sipper cup Further review of th revealed a Speech dated April 19, 2000 consultation note it- resident was at risk evidence that the st	irect care staff and Hi, 2008 at approximate resident should recept type cup. Review orders on June 10, 2 that Resident #1, "as a to drink a little at a till e resident's medical stanguage consultation. According to the was recommended the resident's using the sipper cup	ely 8:45 ceive his w of the 2008 at irve all ime", record on note hat the e was no				
	3605.5 FIRE SAFE Each GHMRP shall order to test the effe four (4) times a year	conduct simulated firectiveness of the plan	ra drilla in	í 135	See w440	6-16-200	
	Based on interview GHMRP failed to en conducted a fire drif	_					
_ /	on Administration	ualified Mental Retard	dation	,			

ATEMENT OF DEFICIENCES TO PLATE OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A BUILDI			TE GURVEY MPLETED
		HFD03-0176		B. WING		0	6/10/2008
	ROVIDER OR SUPPLIER F WASHINGTON		STREET ADDR 249 11TH S WASHINGT	TREET, 8			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENCE	ON SHOULD INC HE APPROPRIATE	COMPLE COMPLE
136	June 9, 2008 at 2:0 schedule staffing particles of the particles of the fire of falled to hold fire evices to quarterly.	rview of the staff path 10 PM revealed the fo attern: ; and ; and if iog revealed that the racuation drills for all	em on ollowing the facility shifts at	136			
	I funds received an This Statute is not a Based on interview GHMRP failed to me funds received and residents in the same The findings include The findings include The financial record June 9, 2008 for Rebank statements fro 2008 revesied a with the amount of \$50,0	maintain records of disbursed. met as evidenced by: and record review the almained each reside disbursed for one of the order. (Resident #1)	residents e ent's the two ed on w of the May 1007 in	189	See W140		6-16-200

NO PLAN	ATEMENT OF DEFICIENCIES (X1) PROVIDENSUPPLIER/CLIA (DENTIFICATION MUMBER: HFD03-0175		MBER:	A. BUILD	NG	COMPLETED 06/10/2008	
	ROVIDER OR SUPPLIER F WASHINGTON		STREET ADDI 249 11TH S WASHINGT	TREET.	, STATE, ZIP CODE SE 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY BC IDENTIFYING INFORMA	EIN I	PREPIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E COMPLET	
1 206	3509.6 PERSONNE Each employee, pricannually thereafter, certification that a hiperformed and that would allow him or houties.	or to employment an shall provide a physealth inventory has b	d ician 's leen	1 206			
	This Statute is not re Based on interviews facility failed to achie regulations pertaining Chapter 35, Section The finding includes	and record review, see compliance with g to health (22 DCM 3509.6).	the State				
	The State regulatory of personnel records time there was no a staff (Staff#1 and # Worker, Nutritionist, Patholigist had curre	agency conducted : on June 9, 2008, at idence that two dire l), Behavior Speciali Podiatrist and Spec	Which ct care et Social		Client #1 and #2, Behavior Specialist, Soci Worker, Nutritionist current health certificat attached and current. See attachment# 10	7-10-2008 e is	
	3510.5(b) STAFF TR Each training program limited to, the following (b) Human developm (birth to death); This Statute is not make Based on record reviews ensure effective trains	m shall include, but in the life of the li	not be	225	Staff were retrained on human development 5-16-2008 by the Assistant Program Director	on 6-16-2008	

AND PLAN	nt of deficiencies of correction	DX1) PROVIDER/BUPFLE IDENTIFICATION NU	ENCLIA MBER:	(X2) MUL A. BUILD B. WING		(AS) OATE COMP	SURVEY LETED
NAME OF	PROVIDER OR SUPPLIER	HFD03-0178				Q6/	10/2008
	F WASHINGTON		249 11TH WASHING	I STREET, I STON, DC	STATE, ZIP CODE BE 20019		
(X4) ID PREFIX TAG	FACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY .BC IDENTIFYING INPORMA		PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION OF COR	DN SHOULD BE Æ APPROPRIATE	CKS) COMPLETE DATE
I 225	The finding include	s: ing records on June 1 HMRP failed to provi	10, 2008 de	1225		<u> </u>	
l 229	3510.5(f) STAFF TI Each training progn limited to, the follow	em shali include hut	not be	1 229			
	(f) Specialty areas residents to be served to, behavior manage	elated to the GHMRF red including, but not ement, sexuality, nutr nmunications, and as	limited		See W194		6-16-2008
	Based on observation review, the GHMRP training on nutrition safety and appropria	met as evidenced by: On, interview and reco failed to document a areas related to resid the mealtime assistan ants in the sample. (I	ord Mective lant				
	The findings include	:					
	observed having bre of a chopped texture out of a regular cup, was observed drinkir using a regular cup.	7:40 AM, Resident #1 akfast. His meal con . He drank his bever At 8:00 AM, Resider ng boost powder with During the medicatio	sisted rages nt #1 milk		See W194		6-16-2008
. i	poserved crinking his medication out of a ri Resident #1 was hav and lamonade drink. sipper cup (a cup with	AM, Resident #1 with water to consume to expend the page of the pa	is M, roguri rom a				

	it of deficiencies of correction			(X2) MUL A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF E	ROVIDER OR SUPPLIER	HPD03-0175	STORET ADD	DERE CITY	STATE, ZIP CODE	06/	10/2008
	C'M OF WASHINGTON 248 11TH STREET, SE WASHINGTON, DC 20019					•	
(X4) ID PREIENT TAG	(EACH DEFICIENCY	TEMENT OF DEPICIENCIE MART RE PRÉCEDED BY SC IDENTIFYING INFORMA	FULL	IO PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REPERÊNCED TO THE AP DÉFICIENCY)	IOULD SE	COMPLETE DATE
1 229	drinking water from instant breakfast mi instant breakfast mi were from a regular 11:00 AM; the resid from a sipper type of were present at the interview with the di Manager on June 9 PM indicated that the liquids through a sipper cup Further review of the revealed a Speech I dated April 19, 2008 consultation note it resident was at risk evidence that the stiphysician orders for	The resident was of a sipper cup, carnst ix and lemonade bever cup. On June 10, 2 sent was observed driving with spillage. No it time. Insect care staff and H and the resident should respect type cup. Review orders on June 10, 2 that Resident #1, "se it to drink a little at a time is resident's medical in the resident's medical in the resident's medical in the was recommended the for application. There are followed Resident using the sipper cup	oserved ion erage 008 st inking staff ouse ely 5:45 ceive his w of the 2008 st ive all ime". record on note was no i #1's	1 229	See W194		6-16-2008
	3519.10 EMERGEN In addition to the receach GHMRP shall Health, Health Facili unusual incident or a interferee with a resident arrangement, well be places the resident abe made by telephotofollowed up by writte twenty-four (24) hour	corting requirement in notify the Department ties Division of any o event which substant dent? a health, welfe sing or in any other was at risk. Such notification or immediately and a n notification within	n 3519.5, t of ther ially re, living vay ion shall ihall be	379	·	•	
	This Statute is not n Based on record revition Administration	net as evidenced by: iew, the Governing B	ody				

VD PLAN (ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUI LIDENTIFICATION HEDOS.817		ervolia Imber:	(XZ) MUI A. BUILD B. WING		(AS) DATE COMP	SURVE Y LETED
		HFD03-0175			_	06/	10/2008
	ROVIDER OR SUPPLIER	•			, STAYE, ZIP CODE		IVICUON
C N O	WASHINGTON		249 11TH WASHING	STREET, ITON, DC	SE 20019		
(X4) ID REFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY SHILL		C111 1	ID PREFIX TAG	PROVIDER'S PLAN OF G (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IP APPROPRIATE	(25) COMPLETE DATE
1 379	Continued From pe	age 6		1379			
	regards to incident endofirmet or eme	Incident Managemen ires were followed wit reporting services of irgency personnel by dents in the sample. (th law a staff for			·	
	The finding includes	·	7		SEE W 153 and 156		7-10-2008
	on August 23, 2007 the facility to report with a scratch on his nurse evaluated the and observed that the and his neck was his transported to the export indicated the mother and told her	2008 at 8:35 AM reve , the day program co that the Resident #2 s forehead. The factle client on August 24, he resident had a swo urting. The resident want mergency room. The the residenet spoke that a staff hit him or or reported to the state	ntacted arrived lity's 2008 clien lip was incident				
1 422 3	3521.3 HABILITATIO	ON AND TRAINING		1 422			
Z	iud statististics to US	provide habilitation, tr sidents in accordance Idual Habilitation Plan	a with				
a (I	sesed on interview a SHMRP failed to end ssistance was provi coordance with their	r Individual Habilitatio Wo residents include	ing and				
T	he findings include:			Į		j	
O	n June 9, 2006 at 6 in Administration	:20 AM, Resident #2	Was	ĺ			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION LIBERTICATION NUMBER:		er/CLIA MBER:	A BUILDI	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(XIS) CIATE BURVEY COMPLETED	
·		HFD03-0175		B. WING		ne M	0/2008
IAME OF P	PROVIDER OR SUPPLIER		STREET ADD	REET ADDRESS, CITY, STATE, ZIP CODE			U/ZUUB
RCMO	F WASHINGTON		249 11TH I WASHINGT	BTREET. S	E		`
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	E1.7 1	ID PREFIX TAG	PROVIDER'S PLAN OF [EACH CORRECTIVE ACT CROSS-REPERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	COMPLETO DATE
1422	Continued From pa	ge 7		1422			 -
1424	came to the medical water. The nurse plante of his medical of the client's record medication program the name and dose; time of the observation prompted to state the nurse was interthat the program was	a calls for the residenge of the medication, ion, the resident was a dosage of the medicated and he acknown to implemented a	p of e the Review off at to state . At the snot dication. Dwiedged as written.		See W 249		7-8-2008
	3521.5(a) HABILITA Each GHMRP shall resident's program or when the client	make modifications at least every six (6)	to the months	1 424			
	(a) Has successfully objectives identified Plan;	completed an object in the Individual Heb	tive or ditation				
	This Statute is not in Based on observation record review, the Q Professional (QMRP the Individual Programs successfully con identified in the IPP the sample, (Reside	ons, staff interviews a ualified Mental Retai ') failed to review and im Plan (IPP) once the inpleted an objective for one of the two res	ind detion d revise he client		,	•	
	The findings include:						
 1 1	Review of Resident a revealed a program of resident] will make a prompts from staff or three consecutive may previous IPP dated J Mental Retardation P	objective which state purchase with verba 18/10 consecutive tronths." Review of the Ure 2007, and the Ou	d, Tithe isis in colling		See W 255		7-10-2008

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0178		(AZ) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE	(COMPLETED)		
VAME OF	PROVIDER OR SUPPLIER	HFD03-0178		}		06	/10/2008
			STREET ADD	RESS, CITY,	STATE, ZIP CODE		10,500
K C M O	F WASHINGTON		249 11TH S WASHINGT	TREET, E	BE 20019		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIE		D.			
TAG	REGULATORY OR L	MUST BE PRECEDED BY SC IDENTIFYING INFORMA		PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION I CROSS-REFERENCED TO THE A DEFICIENCY)	BUALUA DE	COMPLETE DATE
1 424	Continued From pag	9è 8		1424			
	notes revealed the r	Waldent had met this					-
	OFFICE MATCH ZUUS.	Additionally review	of the I				
	WINKE Quarient revi	iew notes detad Daw			<i>'</i>		
	TO, ZUU/ INDICATED 11	hat the client echicus					
ł	program objective w February 2008.	independer	noe since				1
}	•]			•	}
1 500	3523.1 RESIDENT'S	RIGHTS	[]	500			}
ŀ	Fach GHMPD maid-		ľ				
- 1	Each GHMRP reside that the rights of resident	rice director shall an	Sure	•			
	NOMECTED IN SCCORDS	DOM With D.C. Levy 2	197 444	ı			
- 1	Carabrel, Stud Office St	pplicable District and	federal	ł			
]	laws.						
1				i			
[This Statute is not m	let as avidenced by:		- }			 .
	Dateog on Observation	h interview and man	rd	1			
1 .	POVIDAY, CHO FOLIMICA L	Miled to engine the			•		i
1	protections of each relived residents included	ricent rights for one	of the	1	`.		ł
1	#1)	an maratilible (Ke	BIOENT				
1.	Th			- 1			
	The findings include:			ļ			
- 1-	I. The facility failed to	astabileh a maka 4					
	TUVIU ELISUIA IRRINAM	E Wind there are a second		1			
Į U	I WIF FIEKE BIND DANATH	R Of their madisons.	<u></u>				-
	of the two residents in Deficiency Report Cita	the comple (Co. F.	ederal	1	•		
		• -	1	- 1			
2	The facility failed to	o ensure that each	1	se	e W 124		7-9-2008
116	agricatics deliarior luti	Brunntion technicis	ļ	1	•		
] ",	icluding the use of be as conducted with the	maylor modification of	agunt	1			7-9-2008
, 0	ulo issileni. Namine	1. / It 184 alles de la	1	Se.	e W263	· [2 2000
1 100	Mei Arvairimii 101 Dubi	TT TOTAL TRANSPORT OF THE STREET		٢		i	
,	MINISTER BOOK FOR THE	Deficiency Report C	Itation	1	•	ľ	
] V	/263]	, ,	}	}			
	n Administration			- 1			